

UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>	Attorney Docket No.	203372US2
	First Inventor or Application Identifier	Shigeru NEMOTO
	Title	DISPLAY DEVICE FOR A MEDICAL TOMOGRAPHIC IMAGE
Assignee Name:		NEMOTO KYORINDO CO., LTD.
Assignee Address:		27-20, Hongo 2-chome, Bunkyo-ku, Tokyo, Japan

APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents</small>	ADDRESS TO: Assistant Commissioner for Patent Box Patent Application Washington, DC 20231
Fee Transmittal Form (e.g. PTO/SB/17) <small>(Submit an original and a duplicate for fee processing)</small>	ACCOMPANYING APPLICATION PARTS
Specification Total Sheets 33	7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))
Drawing(s) (35 U.S.C. 113) Total Sheets 10	8. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76
4. <input type="checkbox"/> Oath or Declaration Total Pages 1	9. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small>
a. <input type="checkbox"/> Newly executed (original or copy)	10. <input type="checkbox"/> English Translation Document <small>(if applicable)</small>
b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. §1.63(d)) <small>(for continuation / divisional w/ box 17 completed)</small>	11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §1.63(d)(2) and 1.33(b).</small>	12. <input type="checkbox"/> Preliminary Amendment
<input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program <small>(Appendix)</small>	13. <input checked="" type="checkbox"/> White Advance Serial No. Postcard
<input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small>	14. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small>
a. <input type="checkbox"/> Computer Readable Form (CRF)	15. <input checked="" type="checkbox"/> Applicant claims small entity status. <small>See 37 CFR 1.27</small>
b. Specification or Sequence Listing on:	16. <input checked="" type="checkbox"/> Other: Notice of Priority, List of Inventor's Name and Address
i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or	
ii. <input type="checkbox"/> Paper	
c. <input type="checkbox"/> Statements verifying identity of above copies	

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below.

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application no.:
Prior application information: Examiner: Group Art Unit:

For CONTINUATION OR DIVISIONAL APPS only. The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts

18. Amend the specification by inserting before the first line the sentence:

☐ This application is a ☐ Continuation ☐ Division ☐ Continuation-in-part (CIP)
of application Serial No. Filed on

☐ Which was published in English

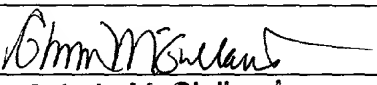
☐ Which was not published in English

☐ This application claims priority of provisional application Serial No. Filed

19. CORRESPONDENCE ADDRESS



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Signature:		Date:	2/21/01
Name:	C. Irvin McClelland	Registration No.:	

Registration Number 21,124

Docket No. 203372US2

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTOR(S) Shigeru NEMOTO

SERIAL NO: New Application

FILING DATE: Herewith

FOR: DISPLAY DEVICE FOR A MEDICAL TOMOGRAPHIC IMAGE

FEE TRANSMITTAL

ASSISTANT COMMISSIONER FOR PATENTS
WASHINGTON, D.C. 20231

FOR	NUMBER FILED	NUMBER EXTRA	RATE	CALCULATIONS
TOTAL CLAIMS	16 - 20 =	0	× \$18 =	\$0.00
INDEPENDENT CLAIMS	4 - 3 =	1	× \$80 =	\$80.00
■ MULTIPLE DEPENDENT CLAIMS (If applicable)			+ \$270 =	\$270.00
■ LATE FILING OF DECLARATION			+ \$130 =	\$130.00
BASIC FEE				\$710.00
TOTAL OF ABOVE CALCULATIONS				\$1,190.00
■ REDUCTION BY 50% FOR FILING BY SMALL ENTITY				\$-595.00
□ FILING IN NON-ENGLISH LANGUAGE			+ \$130 =	\$0.00
□ RECORDATION OF ASSIGNMENT			+ \$40 =	\$0.00
TOTAL				\$595.00

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A duplicate copy of this sheet is enclosed.

■ A check in the amount of **\$595.00** to cover the filing fee is enclosed.

■ The Commissioner is hereby authorized to charge any additional fees which may be required for the papers being filed herewith and for which no check is enclosed herewith, or credit any overpayment to Deposit Account No. 15-0030.
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Respectfully Submitted,

OBLON, SPIVAK, McCLELLAND,
MAIER & NEUSTADT, P.C.

Date:

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Docket No. 203372US2

• **IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

IN RE APPLICATION OF: Shigeru NEMOTO

FILING DATE: Herewith

FOR: DISPLAY DEVICE FOR A MEDICAL TOMOGRAPHIC IMAGE

LIST OF INVENTOR'S NAME AND ADDRESS

ASSISTANT COMMISSIONER FOR PATENTS
WASHINGTON, D.C. 20231

SIR:

Listed below is the name and address of the inventors for the above-identified patent application.

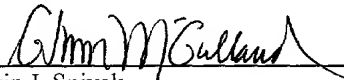
Shigeru NEMOTO

Tokyo, Japan

A declaration containing all the necessary information will be submitted at a later date.

Respectfully Submitted,

OBLON, SPIVAK, McCLELLAND,
MAIER & NEUSTADT, P.C.



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